

Form 100

Fire Fighter's Personnel Record

Texas Local Fire Fighter's Retirement Act of _____ (city), Texas

Pension Office Use Only	For the purpose of determining my qualifications and eligibility for participation in the Texas Local Fire Fighters' Retirement Act and receiving benefits as prescribed by Senate Bill 930, Acts of the 71st Legislature, Regular Session, I submit the following information:
	NAME: _____ (last) (first) (middle) Social Security No. _____
	ADDRESS: _____ (city) (state) (zip) Date of Birth _____
	BIRTHPLACE: _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
	FIRE DEPARTMENT RECORD <input type="checkbox"/> Paid FF
	<u>YOU MUST INCLUDE THE MONTH, DAY, AND YEAR</u>

	Entry Date into Fire Department Entry Date into Pension System Date of Termination (If Applicable)
	IF YOU HAVE PRIOR SERVICE WITH A TLFRA DEPARTMENT, PLEASE COMPLETE THE FOLLOWING (this information is used to determine the date you are eligible to receive retirement benefits):

Date PREVIOUSLY Entered Pension System Which City/Fire Department? Date Left Pension System	
LIST OF BENEFICIARIES (As stated in Section 15 of the Act, eligible beneficiaries are spouses, legally dependant children, legally dependant parents, and any board approved permissible class of beneficiaries. If you have questions or concerns, please refer to your local pension plan.)	
FULL NAME OF BENEFICIARY SS # DOB RELATIONSHIP (*marriage date - if spouse)	

* For the purposes of determining whether or not a spouse is eligible to receive death benefits, you may be asked to include the date of your marriage.

FIRE FIGHTER'S SIGNATURE: _____ **Date:** ____/____/____

SUBSCRIBED AND SWORN to before me, the undersigned authority, on this the ____ day of _____, 20____.

(Notary Seal) _____
Notary Public, State of Texas